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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90071 025 ***150.00

DOCUMENT # P96000046055

1. Corporation Name

OAC SHIPPING COMPANY, INC.

Principal Place of Business

3399 NW 72ND AVE
SUITE 208A
MIAMI FL 33122
US

Mailing Address

3399 NW 72ND AVE
SUITE 208A
MIAMI FL 33122
US

2. Principal Place of Business

21 7950 NW 77 STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 7950 NW 77 STREET
Suite, Apt. #, etc.

22 SUITE # 3

27 SUITE # 3

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip Country

Zip Country

24 33166

25 USA

29 33166

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSWALD, OLIVER
3399 NW 72 AVE
SUITE 208A
MIAMI FL 33122

81 Name

OSWALD, OLIVER

82 Street Address (P.O. Box Number is Not Acceptable)

7950 NW 77 STREET, SUITE#3

83

84 City

MIAMI

FL

85 Zip Code
33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS OSWALD, OLIVER
CITY-ST-ZIP 3399 NW 72ND AVE, SUITE 208A
MIAMI FL 33122

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME OSWALD, OLIVER
1.3 STREET ADDRESS 7950 NW 77 STREET, SUITE #3
1.4 CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OLIVER OSWALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/99

305-477-2255

Date

Daytime Phone #

CR2E034 (11/98)